



FACRRM VOCATIONAL PREPARATION Enrolment Form for AGPT/RVTS Registrars

1. CANDIDATE DETAILS

Surname: First Name:

Middle Name(s): Preferred Name:

Mailing Address:

Suburb: State: Postcode:

Mobile: Home Telephone:

Work Telephone: Fax:

Email:

Alternative Email:

Date of Birth: Gender: Male/Female (please delete as applicable)

2. EDUCATIONAL HISTORY

Name of Degree:

University of Graduation: Year of Graduation:

University Country:

Please submit a CV with this Enrolment Form.

3. TRAINING DETAILS

Training Program: AGPT RVTS Date of Acceptance.....

Name of Regional Training Provider (RTP), if with AGPT:.....

4. MEDICAL REGISTRATION INFORMATION

I currently hold medical registration

State Registered: Medical Registration No:

5. MEMBERSHIP FEE

You must be a registrar member of ACRRM to train towards a FACRRM. Your membership must remain financial for the duration of your training. The 2008/2009 membership fee for registrars is **\$220.00** (GST inclusive).

Credit Card Type: MasterCard Visa

Credit Card Number:

Credit Card Expiry Date:

 Signature:

Cheque or Money Order (made payable to "ACRRM")

EFT direct to ACRRM (BSB: 084 123 / Account Number: 461 787 125)

NB: In order for us to process your payment, please state your FULL NAME in the reference field when making your payment online.

I wish to receive the **Country Watch** weekly newsletter and other ACRRM news/information.

6. DECLARATION

I wish to enrol in the **ACRRM Vocational Preparation Pathway**. I declare that all the information provided by me in relation to my application is true and correct. I confirm that I have read and understand the Vocational Training Handbook and the requirements of the ACRRM Vocational Preparation Pathway and Remote Vocational Training Scheme. If accepted into the program, I agree to act in accordance with ACRRM's Educational Standards and Administration Procedures, including the payment of any fees, levies or charges. I declare that the information and statements made in this application and contained in the attachments relate to me and represent full, true and accurate records.

I understand that I must continue to pay the ACRRM membership fee for the duration of my training in the Vocational Preparation Pathway/Remote Vocational Training Scheme, and that failure to pay resubmission membership fees within 30 days of invoice will result in my place in the Pathway being forfeited.

I give permission to ACRRM to provide information about my training and assessment to my Regional Training Provider and to Queensland Health if I am a Queensland Rural Generalist trainee.

Signed:		Date:	
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7. PRIVACY NOTICE

In complying with the National Privacy Principles, ACRRM will only collect personal information that is relevant to its primary purpose of providing vocational training programs and services. We may need at times to disclose your information to a third party but will only do this for the primary purpose for which it was collected or for a directly related secondary purpose. Should we need to use your information for any other purpose we will seek your prior consent. We will take all reasonable steps to protect personal information from misuse, loss and unauthorised access, or modification. You may gain access to the information we hold about you at all reasonable times by contacting our Privacy Officer.

COMPLETED APPLICATIONS SHOULD BE SUBMITTED BY MAIL or FAX TO:

AGPT/RVTS Program Coordinator, ACRRM, GPO Box 2507, Brisbane, QLD 4001

Fax: 07 3105 8299

ACRRM Office Use Only

Date Form Referred to Membership Team: Date Form Returned to VT:
